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LEADING ARTICLES

THE VALUE OF SURGICAL CELERITY.*

C. BLICKENSDERFER, M. D.

SHAWNEE, OKLA.

The object of surgical intervention is the prolongation of human life at its highest degree of efficiency, the removal of painful conditions and the restoration of function to injured members.

The factors governing the success of any given operation are of two classes:

First. Those relating to the state of the individual at the time, which represents his physical condition in all its aspects, as the amount of vitality and tissue resistance; the degree of previous shock if any, and the ability to react from same.

Secondly. Those relating to the operative field, the magnitude of the operation, traumatism, loss of blood and other tissue and other conditions contributing to shock. These are age, state of vascular system, fear, pain, irritation of peripheral endings of sensory and sympathetic nerves and anesthesia.

It is customary in the very young and the aged to make all operations as brief as possible, limiting the amount of operative trauma to a minimum, at the same time shortening the period of anesthesia. These means are very properly resorted to from the fact that in infancy a shock is very badly borne, while the aged furnish us frequently with those types of vascular degeneration which are also examples of exhausted vitality and lowered tissue resistance.

The effect of irritation of the peripheral and sympathetic nerve endings are in direct proportion to the sensibility of such endings and the degree of trauma suffered by them. The degree of irritation is governed also by the length of time it is being sustained, becoming more intolerable as it is prolonged. Physically, the great areas most responsive to irritation that are the fields of surgical activity, are the peritoneal and meningeal. Irritability of the first named increases as the diaphragm is approached. From the nature of their structure these membranes are also very susceptible to mechanical or physical injury, the repair of which is rendered difficult in the presence of foreign agencies.

Injury and impaired function therefore supply additional causes for irritation contributing to shock disturbance of nervous and other functions by the presence of anatomically damaged areas and abnormal secretions. For the purpose of this paper intracranial operative procedures, though deserving the same considerations from a surgical standpoint, from their less frequent occurrence, will be omitted. These remarks are therefore more particularly directed to surgical conditions within the abdominal cavity, operations of choice and emergency of all classes, especially those where the injury has been so extensive as to entail, of necessity, large destruction of tissue.

In view of the physiological facts enumerated all surgical operations should be so conducted as to limit, as far as possible, the condition known as surgical shock, by exercising due care that physical injury and destruction of tissue be avoided.

By the due appreciation of means to this end, may be conserved to the highest degree possible, the proper functioning of the vital centers, the proper performance of cellular activity and the power of tissue reconstruction. These three conditions are of vital importance to the real welfare of the patient. The prevention of shock is of much more importance than are measures looking toward its alleviation. In the

*Read before the Medical Association of the Southwest at San Antonio, Tex., November 11, 1909.

same category are included methods which have for their object the promotion of normal functioning of organic structures after operative interference.

The relief of fear and pain and the induction of sleep are potent measures for good in a subject for operation, the time of which is set for the early morning hours when practicable. With these go the mechanical and chemical destruction of bacteria and their products limiting the loss of blood, guarding against unnecessary removal or destruction of tissue, and lessening the time and degree of tissue manipulation.

The four most valuable assets of the surgery of today are (1) the means of producing anesthesia; (2) asepsis and antisepsis; (3) the control of hemorrhage, and (4) speed in the operative technic. The last is by no means the least important, since its usefulness cannot be measured in terms of valuation. The technic of aseptic surgery is not yet fully developed, although no doubt it will soon be by leading surgeons. But that priceless heritage of the days antedating anesthesia and antisepsis, rapid surgery, has in one generation been relegated to the halls of obscurity and antiquity.

Before anesthesia came into vogue this faculty for quick and accurate work was the greatest prerequisite for doing surgery, the reasons for which are obvious,. Are they not as potent today?

The surgeon of that period was fully cognizant of the shock and injury incident to tedious and bunglesome operative methods. But we are not. We are consoled by the fact that our patient lies quiet under the knife, unconscious of pain while undergoing operations of various degrees of severity. The failure to fully appreciate the evils incident to a prolonged period of anesthesia, the extensive manipulation and exposure of intra-abdominal contents often accounts for the disastrous result obtained.

These observations are equally applicable to operations outside the abdominal cavity where the individuals to be operated are subjects of accidental injuries, acute and prolonged hemorrhages and other disease conditions predisposing to shock and lowered vitality.

Slow surgery is often an indication of inferior knowledg of anatomy and structural relations, an imperfect diagnosis and indecision.

The better results obtained by those working in the various large hospitals and sanitariums are in a very large part due to the more rapid technic acquired by familiarity and attention to detail.

With the advent of efficient anesthetic agents and the application of aseptic and antiseptic methods, the golden age of surgery seemed to be at hand and, to more thoroughly impress the importance of the latter, it has been frequently taught that, under aseptic conditions, the body will successfully withstand severe surgical punishment. The error of such teaching would seem apparent as it has a tendency to cause the student to overlook the true condition from a surgical standpoint and to fail to appreciate the physical resources of his patient. From an artistic point of view and for purposes of utility, surgery has made great advances in devising many clever operations to cover as many necessities for their use, but the simply artistic, gained at the expense of lowered vitality and increased shock, is a dearly bought commodity. Let the preparation of both patient and surgeon be as elaborate as you please, but let the operation be simple in detail and quickly done.

It is said of Von Langenbeck, whom the same author refers to as "That Prince of Surgeons," that he did a hip joint disarticulation, the amputated member being ready to be carried out at the end of sixteen seconds. Also that he entered the bladder through the perineum extracting a large stone in less than a minute. Such speed in operative surgery is the more remarkable since the time mentioned for each of the two operations is incredibly short. Operations of like character done under present existing conditions and with equal celerity would undoubtedly avert the major part of shock incident thereto.

Rapid surgery depends for its success upon the following principles:

1. A true knowledge of anatomy, structural relations and physiological phenomena.
2. A correct diagnosis.
3. A proper appreciation of the patient's condition.
4. The ability to use to many purposes, a few instruments, where many are generally required.

A correct diagnosis enables us to foresee more or less certainly the mode of procedure necessary, and by the systematic preparation peculiar to each, the surgeon may quickly dispose of the several steps of his operation without the unnecessary disturbance of adjacent parts. A proper conception of the condition and ability to operate quickly will in a large number of cases allow the surgeon to remedy many otherwise fatal cases that come under his observation, and

as an example may be mentioned cases of appendicitis with unconfined pus, toxic cases which when left to themselves are almost invariably fatal.

A short incision under a very brief (ether) anesthesia or preferably local anesthesia, simple ligation and amputation of the appendix after the method of Morris and the establishment of a single simple drain requires but a few minutes and is sufficient. This method finds justification from the fact that the patient suffers from a minimum intoxication from the anesthetic; a proper exit is established for the pus and soluble toxins; the peritoneum has not been damaged by unnecessary manipulation and with proper use of normal saline becomes a secreting instead of an absorbing area. This membrane can, when properly left alone do more for its own protection, in the presence of pus producing agents, than can be done by the most skillful surgical interference that is blind to the effects of peritoneal traumatism and physiological abilities.

Shock from toxemia is the most characteristic feature of these cases, and we must eliminate if possible the added toxin of anesthesia. Our greatest reliance therefore is to be placed in the maintenance of peritoneal integrity, renal activity, simple drainage, rest and position.

Drainage of course in such cases is imperative, but is to be regarded simply as an avenue for the escape of abnormal secretions through the abdominal wall. Drainage in interval operations, is rarely indicated in quick and clean surgery. The purpose of a drain is to allow the escape of abnormal secretions, pus, blood, serum, etc. In the absence of free pus in the abdominal cavity, the likelihood of peritonitis from infection depends wholly upon the technic observed. With a minimum amount of disturbance of the peritoneum there will result no large secretion of serous fluid or bloody oozing, and the peritoneum will be able to suceessfully dispose of large amounts of infection, whether introduced accidentally or otherwise.

The prevention of infection in abdominal operations is considered of great importance. How much greater the likelihood of introducing infection during the course of a slow operation than during the shorter time of the speedy one can better be imagined than described. The advantage all lies in favor of the quick operator in that he offers less time for the introduction of sepsis and his patient is in better condition for its natural disposal should it occur. These observations may be applied to any and all operations of the abdominal or other cavities of the body the object of which is to maintain the physiological integrity of the different organs encountered, and that of the body as a whole. This can be expected only when the operation is conducted with neatness and dispatch.

Emergency surgery presents the operator annually with a large number of injuries the severity of which occasions shock more or less profound. The majority of these are subjects of railway or other accidents, whose characteristics are extensive crushing lacerations, contusions and comminutions occurring singly or in various combinations of the same occasioning physical and mental shock to a marked degree. They are further characterized by a degree of tissue devitalization in the apparently uninjured parts adjacent to the wound. This devitallization of the tissues may be said to be due to tissue shock. Here the question of operating at once or later, as well as the extent of the same, requires prompt exercise of the greatest professional skill and judgment. Shock is readily reproduced by operative measures and the difficulties of stimulating the physical resources of such an individual are apparent to those having large experience.

There can be no doubt that rapid operative procedure serves the very best interests of these patients. This brings us up to the point which Robert M. Morris pleases to term "The Fourth or Physiological Era" in surgery in which he says: "It seems to me that the object lesson of the result of conserving the patient's natural resistance, in cases of appendicitis with peritonitis has opened the vista of a new epoch in surgery In the days of Hippocrates surgery was heroic. That represents the first era. Then came Andreas Vesalius and the anatomists and we had the second or anatomic era. Pasteur and Lister introduced the third or pathologic era. The dominant idea is to prevent the development of bacteria in wounds and to remove the product of wounds by our art. Our faces are now turned toward Metchnikoff and Wright with their descriptions of phagocytes and opsonins, and the natural resistance of the patient and turn him over to his phagocytes and opsonins as helpfully as we can. We are to leave the patient in his best condition for manufacturing phagocytes and opsonins, through the shortest possible methods of anesthesia and the least degree of surgery which will suffice to turn the tide of battle between bacteria and leucocyte. That is the new principle, turning the tide of battle only and leaving the patient with his physiology as near intact as possible."

A minimum of surgery quickly done accomplishes this much to be desired end. The benefits of surgical celerity may therefore be enumerated as follows:

1. The period of anesthesia is shortened.
2. Manipulation and exposure of intra-abdominal contents, tissues and wound areas are lessened, avoiding unnecessary trauma, all of which tends to lessen the degree of shock.
3. Obviating the necessity for drainage in many instances.
4. The preservation of normal activity and the conservation of all the physiological activities of the organism conducive to auto-protection from agents or infection, conserving the natural process of repair.

THE TENDENCY OF MODERN SURGERY.*

J. M. INGE, M. D.

DENTON, TEXAS.

We seldom pass a period of time more than a few weeks that our attention is not called to some innovation upon the older or previous methods, especially in the way of operative technique, or some discovery made by means of which supposed impossible obstructions are brushed away and methods of real merit established instead all of which develops a spirit of enthusiasm and laudable enterprise with the progressive lover of the surgical art.

But from the viewpoint of the critic one who being capable looks over the surgical field considerately observing the trend of modern workers in the field, especially of gynecological surgery shall we suggest as to what are some of the conclusions at which we arrive. We are assured that an array of skilled operators take the place of the few who were National characters less than a half century ago. Practical appliances and all kinds of material are ready fresh from the hands of the inventive genius for the modern operator, especially so in the way of absorbable material for sutures and ligatures that the country surgeon may use as obtained fresh from the druggist, being buried by the yard without untold results. As medical students twenty-five or thirty years ago, we remember the limited opportunties for students at surgical clinics as compared with today. We attended clinics to see applications to the granular and eroded cervix, curettage and the various uses of tampons, and the day was one to be remembered when we saw the cavity opened for the removal of an ovarian cyst, or for the radical cure of hernia. We saw comparatively nothing like the capital and successfully work of today. Every intelligent observer knows thousands of lives are saved from death or a life of invalidism by modern surgery. In this connection I will mention that Dr. Bevan, of Chicago, makes some suggestions so in keeping with my own views that I am constrained to give the substance of some of his statements; that is, that modern surgery has been so successful it has become so easy to secure successful results that there has grown up with it a curse; that is, the doing of operations which are unnecessary and unwarranted. No class of operators has been free from this curse, but the gynecological surgeon, strictly as such, with his narrow range of vision and limited work is undoubtedly more guilty than the general surgeon, who, however, has by no means been free from its influence. Women are probably more easy victims of the surgeon who perform unnecessary operations than men. Nine out of ten women who consult a physician because they do not feel well, will believe if told so, that their sexual organs are at fault, and will submit to an operation if it is suggested that it is necessary for a cure; and as Dr. Bevans suggests that where the general practice of medicine shows a wider application of a surgical therapeutics than formerly the practice of gynecology has become almost wholly surgical. There are many gynecologists who do not think of taking charge of a woman except for an operation, and the per cent of women who apply to them for advice, and in whom they find no indication for an operation is so small as to hardly amount to a trace in the sum total. Are all these operations necessary?

Supported by good authority which is in line with my own observation I will venture the assertion that at least 30 per cent of it is unnecessary and unwarranted. In this we include minor and major operations, such as curettage without pathological warrant, repair of the ordinary torn cervix; amputation of the cervix, repair of the relax vaginal outlet without visible impairment of function. The many operations for retropositions of the movable uterus, operations for so-called cystic degenerations of the ovaries, a condition which is found in almost all female cadavers, and which is physiological and not pathological, the removal of the uterus for prolapsus and small fibroids. The fixation of the palpable

*Read before the Medical Association of the Southwest at San Antonio, Texas, November 10, 1909.

right kidney which is so common in women that depending on the personal equation of the operator, it can be found in from 10 to 30 per cent of women. In calling attention to such conditions I refer to the entire surgical field, with no special reference to my neighbors, but in this connection will give some cases in point of illustration. I was recently called to a woman who suffered much with her bladder; after obtaining a history of her case indicating cystitis with occasional retention of urine, I suggested an examination. She replied: "Oh, doctor, I have been examined and operated on so much." Asked what operation? Replied, "I had my womb, with ovaries, and tubes and appendix removed, and I suffer more today than ever before." What was the operation done for? "I had falling of the womb, and appendages were removed with it, as they would be of no use, and while the cavity was opened the doctor decided he had just better take out the appendix." Patient survived the operation, but the surgeon failed to provide against cystocele, prolapsus and almost hernia of the bladder, leaving large space unoccupied for the bladder to drop into, when I am sure he should have utilized the broad and round ligaments as a support for bladder by union to stump of cervix, after the method of Dudley and Mayos, and prevented the annoying condition.

Only a few months past I was called to two women, similar cases, each woman had submitted to an operation for chronic appendicitis, and in each case the surgeon had decided after opening the abdomen to remove the uterus and appendages. Can we assert that so much mutilation was not necessary? We do not know, for we know nothing about the condition found, but we pause to ask, "Is it possible that so large per cent of women require so much sur gery?" After considering all this, at what conclusion must we arrive? That while some, probably a limited number, are dishonest, and will operate having in view only the fee added to a reputation as a surgeon; if the patient survives, a few are ignorant; I believe the majority are misguided surgical enthusiasts, who are honest and who have had good anatomical training and knowledge, and who are familiar with good surgical technic and possess reasonable skill, but who have so limited their vision to their special line of work and thought that they believe that it and they are the center of the pathological universe about which all else revolves.

What is the remedy for such conditions, I know of nothing better than frank, open discussion before medical associations and through medical journals by means of which the profession may be made to see the importance of a more rational and broader view of the true situation. Operators must be made to see the criminal side of unnecessary operations. Operators must broaden their horizon to cover the entire human body. The successful surgeon of the future will be a skilled general diagnostician who can operate. The gynecologist of today is extending his field and covering the entire field of abdominal surgery. The wider the territory he covers the better gynecologist he will be, and the fewer unnecessary operations will he perform. As before stated, all praise to the achievements of modern surgery, all honor to the modern surgeon who gives his patients the benefit of operations which relieve suffering and prolong life; but what of him into whose hands a patient's life has been entrusted, and who for fee or fame, because of ignorance or enthusiasm, risks this life by an operation which is unnecessary and unwarranted.

The Wisconsin State Board of Health has promulgated the following rule: "No person or corporation in charge of, or control of, any railroad train or station, or public or private school, or State educational institution, shall furnish any drinking cup for public use, and no person or corporation shall permit on railroad trains or in stations, or at public orprivate schools,or State educational institutions, the common use of the drinking cup."

Action Against Alcoholism.—The National Antialcohol League of France, held its annual celebration on January 23, at Paris, under the presidency of M. Joseph Reinach, president of the antialcoholic group of the Chamber of Deputies. The president in his speech declared that there was no more imperative duty before individuals, parties and the government than the systematic and unrelenting struggle against alcoholism. The number of places licensed to sell liquor has increased 25 per cent in thirty years, so that there are now 477,000 liquor shops, or one to every 80 inhabitants, or one to every 30 adults. This, moreover, is only an average; in large cities and seaports, the number of licensed drinking places has trebled. The annual consumption of alcohol may be reckoned at about 40,000,000 gallons (1,500,000 hectoilters) taxed and at least 20,000,000 gallons sold illegally.

SURGICAL EPONYMS.*

MARTIN HAGEN, M. D.

CHICAGO, ILL.

(Continued from page 5.)

Kader, Thomas (1827-1895), Scotch; surgeon, Edinburg. Operation, method of gastrostomy.

Kaltenbach, Rudolf (1842-1893), German; gynecologist, Giessen. Operation, method of hysterectomy.

Keen, William W. (1837-), American; surgeon, Philadelphia. Operation, division of post-cervical nerves.

Kelly, Howard Atwood (1858-), American; gynecologist, Baltimore. Operations: 1. Method of opening and draining the urinary bladder. 2. Ventro-suspension of the uterus.

Kerr, Robert (1750-1814), Scotch; surgeon, Edinburg. Operation, disarticulation at the hip-joint.

Key, Charles Aston (1793-1849), English; surgeon, London. Operation, lateral lithotomy.

Kocher, Theodor (1841-), Swiss; surgeon, Berne. Operations: 1. Excision of the ankle-joint. 2. Method of thyroidectomy. 3. Method of reducing subcoracoid dislocation. 4. Glossectomy by the extra-buccal method. 5. Resection of the pyloris with gastro-dudinostomy. 6. Removal of the superior maxillary nerve and Meckel's ganglion. 7. Operation upon the trifacial nerve at foramen ovale. 8. Incision for ligating the innominate artery. 9. Division of all of the affected muscles in spastic torticollis. 10. Glossectomy through an infra-maxillary incision.

Koeberle, Eugene (1828-), German; surgeon, Strassburg. Operations: 1. Ovariotomy with the serre-macud. 2. Method of abdominal hysteropexy.

Koening, Franz (1832-), German; surgeon, Göttingen. Operations: 1. Resection of the ankle-joint. 2. Osteoplastic rhinoplasty. 3. For single complete hare-lip. 4. Excision of all of the sternum. 5. Lumbar nephrectomy.

Kolomnin, Sergiei Pytorovich (1842-1886), Russian; surgeon, St. Petersburg. Operation, method of treating hip-joint disease.

Kuhnt, Hermann (1850-), German; ophthalmologist, Jena. Operations: 1. See Antyllus-Kuhnts. 2. See Kuhnt-Luc. 3. Method of discission of secondary cataract. 4. Isolated enucleation of the tarsus.

Lacanchie, Adolph Euclide (1806-1859), French; surgeon, Strassburg. Operation, amputation at the hip-joint.

La chapelle, Marie Louise (1769 1822), French; midwife, Paris. Operation, method of extracting the after-coming head with occiput posterior.

Langenbeck, Bernard Rudolph Konrad (1810-1887), German; surgeon, Berlin. Operations: 1. Low proctectomy. 2. Abdominal incision. 3. Osteoplastic resection of the superior maxilla. 4. Uranoplasty. 5. Cheiloplasty. 6. Glossectomy. 7. Subperiosteal osteotomies. 8. Method of flap amputation. 9. Excision of the scapula. 10. Removal of naso-pharyngeal polyps. 11. See Langenbeck-Hueter.

Langenbeck-Hueter, q. v. Operation, subperiosteal resection of the ankle-joint.

Lannelongue, Odelon Marc (1841-), French; surgeon, Paris. Operations: 1. Linear craniotomy. 2. Method of treating joint tuberculosis. 3. Uranoplasty.

Larrey, Dominique Jean (1766-1842), French; army surgeon to Napoleon Bonaparte I. Operations: 1. Disarticulation of the humerus at the shoulder-joint. 2. Introduction into surgery of plaster of Paris. 3. Disarticulation of the femur at the hip-joint.

Lawrence, Sir William (1783-1867), English; surgeon, London. Operation, removal of naso-pharyngeal polyp.

Le Dran, Henry Francois (1685-1770), French; surgeon, Paris. Operations: 1. Method of enterorrhaphy. 2. Amputation at the shoulder-joint. 3. See LeDran-Mackenzie.

LeDran-Mackenzie, q. v. Operation, cheiloplasty.

LeFort, Lèon Clement (1829-1893), French; surgeon, Paris. Operations: 1. Intra-calcaneal amputation of the foot. 2. Tenorrhaphy. 3. Method of treating fractured patella.

Lembert, Antoine (1802-1851), French; surgeon, Paris. Operations: 1. Injections in hydrocele. 2. Method of enterorrhaphy. 3. Perineorrhaphy.

Lenoir, Adolphe (1802-1860), French; surgeon, Paris. Operation, supra-malleolar amputation.

Lente, Frederick Divoux (1823-1883), American; surgeon, New York. Operations: 1. Method of ligating arteries. 2. Treatment of ununited fractures.

Lisfrank, Jacques (1790-1847), French; surgeon, Paris. Operations: 1. Amputation of the foot. 2. Excision of the inferior maxilla. 3. Excision of the rectum. 4. Trachelectomy. 5. Amputation at the shoulder. 6. Amputation at the hip.

Lister, Sir Joseph (1827-), English; surgeon, London. Operations: 1. Aseptic treatment of wounds. 2. Subperiosteal ex-

* Additions and corrections will be gratefully received.

cision of the wrist-joint. 3. Modified flap and circular amputation. 4. Supra condylar amputation. 5. Amputation at the hip-joint. 6. Wiring of fragments of fractured patella.

Liston, Robert (1794-1847), English; surgeon, London. Operations: 1. Method of amputating. 2. Excision of the elbow-joint. 3 Amputation at the hip-joint. 4. Excision of the superior maxilla. 5. Method of treating fracture of the thigh.

Littre, Alexis (1658-1726), French; surgeon, Paris. Operations: 1. Method of inguinal colotomy. 2. Method of suturing in intestinal gangrene,

Lizar, John (1783-1860), Scotch; surgeon, Edinburg. Operation, excision of the superior maxilla.

Lorenz, Adolf (1854-), Austrian; surgeon, Vienna. Operations: 1. For congenital dislocation of the hip. 2. For talipes. 3. For torticollis. 4. Method of correcting paralytic contractures at the feet. 5. Correction of paralytic contracture at the knee. 6. Method of correcting anchylosed angular deformity at the hip.

Loreta, Pietro (1831-1889), Italian; surgeon, Bologna. Operations: 1. Gastrotomy for treatment of stenosis. 2. Treatment of aneurism.

Louis, Antonio (1723-1792), French; surgeon, Paris. Operation, method of amputation.

Lücke, Georg Albert (1829-1894), German; surgeon, Strassburg. Operations: 1. Division of the second division of the fifth nerve. 2. Division of the inferior dental nerve. 3. Excision of the hip-joint.

Lund, Edward (1823-1898), English; surgeon, Manchester. Operation, removal of the astragalia for correction of talipes.

Lusk, William Thompson (1838-1897), American; surgeon, New York. Operation, method of skin-graft.

McBurney, Charles (1845-), American; surgeon, New York. Operations: 1. Inguinal herniotomy. 2. The "gridiron" incision for appendectomy.

McClellan, George (1796-1847), American; surgeon, Philadelphia. Operation, excision of the inferior maxillary and parotid glands.

MacCormic, Sir William (1836-1901), Irish; surgeon, London. Operation, method of excising the upper end of the humerus.

McDowell, Ephraim (1771-1830), American; surgeon, Danville, Ky. Operation, ovariectomy.

Maceven, William (1848-), Scotch; surgeon, Glasgow. Operations: 1. Treatment of aneurism by acupuncture. 2. Supra condyloid division of the femur for genu valgum. 3. Method of herniotomy.

Mackenzie, Richard James (1821-1854), Scotch: surgeon, London. Operations: 1. Non-subperiosteal excision of the knee-joint. 2. See Ledran-Mackenzie.

Madelung, Otto Wilhelm (1846-), German; surgeon, Rostock. Operation, lumbar colotomy.

Maisonneuve, Jacques Gilles (1809-1897), French; surgeon, Paris. Operation, partial excision of the superior maxilla.

Malgaigne, Joseph Francois (1806-1865), French; surgeon, Paris. Operations: 1. Amputation of the foot. 2. Method of treating fractured patella. 3. For single harelip. 4. Amputation at the hip-joint. 5. Excision of the head of the humerus by an oblique incision.

Manec, Pierre Joseph (1799-1884), French; surgeon, Paris. Operation, amputation at the hip-joint.

Manzoni, Antonio (1746-1819), Italian; surgeon, Verona. Operation, median lithotomy.

Marcy, Henry Orlando (1837-), American; gynecologist, Cambridge. Operations: 1. Hysterectomy, 2. For hemorrhoids.

Mareschal, Georges (1658-1736), French; surgeon to Louis XIV. Operation, neurotomy.

Maury, Francis (1840-1879), American; surgeon, Philadelphia. Operations: 1. Gastrotomy. 2. For ectopia vesicae. 3. Method of enterostomy.

Mayo, Charles H. (1865-), American; surgeon, Rochester, Minn. Operations: 1. Method of removing varicose veins. 2. For hypospadias. 3. Thyroidectomy. 4. Lateral enterorrhaphy.

Mayo, William J. (1861-), American; surgeon, Rochester, Minn. Operations: 1. Radical cure of umbilical hernia. 2. Cholecystectomy. 3. Posterior gastro-enterostomy. 4. Gastrectomy. 5. Internal Alexander operation. 6. Nephropexy. 7. Pylorectomy.

Mercier, Louis Auguste (1811-1882), French; surgeon, Paris. Operation, prostatectomy.

Middeldorpf, Albrect Theodor (1824-1868), German; surgeon, Breslau. Operation, method of treating fracture of the humerus.

Mikulicz, Johann (1850-), Austrian; surgeon, Breslau. Operations: 1. Method of draining antral empyema. 2. For torticollis. 3. Pharyngotomy. 4. See Mikulicz-Waldimieoff.

Mickulicz-Waldimieoff, q. v. Operation, osteoplastic resection of the foot.

Mirault, Germanicus (1796-1879), French; surgeon, Angers. Operations: 1. Glossectomy. 2. For incomplete harelip.

Mollière, Daniel (1848-1890), French; sur-

geon, Paris. Operation, irregular tarsal amputation.

Moore, Charles Hevitt (1821-1870), English; surgeon, London. Operation, for aneurism.

Morgan, Campbell de (1811-1876), English; surgeon, London. Operation, division of the spinal accessory nerve.

Morris, Henry (1844-), English; surgeon, London. Operations: 1. Nephro-lithotomy. 2. Excision of part of the radius and ulna.

Mott, Valentine (1785-1865), American; surgeon, New York. Operations: 1. Ligation of the innominate artery. 2. Extripation of the clavicle. 3. Extraperitoneal operation for aneurism of the internal iliac artery.

Müller, Johannes (1801-1858), German; surgeon, Berlin. Operations: 1. Hysterectomy. 2. Cesarean section.

Mules, Philip Henry (1843-1905), English; ophthalmologist, Manchester. Operation, evisceration of the eye-ball.

Mütter, Thomas (1811-1859), American; surgeon, Philadelphia. Operation, for extensive scar.

Murphy, John B. (1857-), American; surgeon, Chicago. Operations: 1. Intestinal anastemosis by aid of a button. 2. Suturing of arteries. 3. Method of treating peritonitis. 4. Nephropexy. 5. For ankylosis.

Mydl, Karl (1853-1903), German; surgeon, Wien. Operation, implantation of the trigonal area with both ureters into the rectum.

(To be continued)

Committee on Credentials and Arrangements for the United States Pharmacopeial Convention.—President Horatio C. Wood has appointed the following committee on credentials and to make arrangements for the United States Pharmacopeial Convention which will be held in Washington, D. C., beginning Tuesday, May 10, 1910. Professor O. T. Osborne (chairman), Yale University, New Haven, Conn.; Dr. H. C. Wood, Jr., University of Pennsylvania, Med. Dept., Phladelphia, Pa.; Mr. L. S. Hilton, Washington, D. C.; Mr. W. L. Cliffe, Philadelphia, Pa., and Dr. James H. Beal, Scio, Ohio. The following officers of the convention are ex-officio members of the committee: President H. C. Wood, Sr., University of Pennsylvania, Med. Dept., Philadelphia, Pa.; Secretary Dr. H. M. Whelpley, Washington University, Med. Dept., St. Louis, and Assistant Seecretary Dr. Murray Galt Motter, Hygienic Laboratory, Washington, D.C.

VACCINATION, VIVISECTION AND EGOTISM.

C. H. HUGHES. M. D.

ST. LOUIS.

The antivaccinationists, like the antivivisection cranks, are not all dead yet. The latter instead of asking only for humanity toward animals, and the former instead of insisting on safeguard only ask for abolition.

The same style of logic, or rather of sophistry, if put in practical force would put the pure food commission out of business and allow us nothing to eat.

One of the oldest, ablest and best St. Louis newspapers while allowing these illogical objectors plenty of space, as rope to hang themselves by, thus correctly puts the vaccination question taking up the shallow draughts each in their turn:

"To defend vaccination gives a modern newspaper a queer sort of feeling; it's like defending the theory of the circulation of the blood or arguing with Rip Van Winkle. But it is still necessary, as two letters printed elsewhere on this page attest."

Jenner's discovery destroyed one of the greatest of earth's perils, and gave the world peaceful security from one of its most deadly of plagues, It made the discoverer's name immortal as an universal benefactor and established a principle of therapeutics now confirmed in the recent discovery of the fighting antibodies under assault and the resisting nerve center protective power. Among the direct objections to vaccination are the occasional liability to possible infection with other disease carried into the system with vaccinia. Yet this false logic is not applied to foods because they sometimes decompose and poison, to the wearing of clothing because soiled clothes sometimes carry disease into apartments, in houses, hotels, papered walls, railway coaches, because they sometimes infect.

It is a great newspaper that shows the liberalty of giving these cranks space and the patience to answer them. The principle of vaccination is the principle of serum therapy, and its main record is one of salvation and not harm to otherwise imperilled humanity. The Republic thus effectually disposes of its antivaccinationists cavil:

"Our correspondent recollects hearing of cases of tetanus resulting from vaccination. He has doubtless observed cases of septicemia resulting from operative surgery. Would he advise that the key be turned in

the door of the operating room forever? Quinine has made people deaf. Shall African travelers leave it at home?"

It also makes the following instructive reference to governmental vigilance as to vicious vaccine virus:

"The act of July, 1 1902, 'to regulate the sale of viruses, serums and antitoxins * * in the District of Columbia, to regulate interstate commerce in such articles,' etc. There will be found in the Journal of the American Medical Association of the 23d ult. an account of the destruction by Federal officials of $14,000 worth of vaccine virus in the stock of a large pharmaceutical house, at the instance of the Public Health and Marine Hospital Service."

The following reference is also interesting as well as effectively defensive of vaccination and of the honorable solicitous regard of the great medical profession for the welfare of mankind in its practice:

"Metz is a city of over 59,000 people. In the three years 1904-1905-1906 there were in all eleven cases of smallpox there. In 1907 there was an outbreak of 'the very worst form of hemorrhagic smallpox,' with a death rate of 28 per cent. But the number of cases was exactly eighty-five! (British Medical Journal, May 11, 1907.) No greater triumph for vaccination can be imagined.

"How do the antivaccinationists account for the support of the practice by the medical profession? Doctors are quick enough to discard things useless and ineffective. Where is the antiseptic spray of twenty years ago? What has become of the much-vaunted coal tar remedies? What gynecological surgeon now uses Alexander's operation? Where are the dietetics once followed in fevers? Gone with the snows of yester year. Why should vaccination, if valueless, be clung to by a company of scientific men only too anxious to discard the profitless and the outworn?"

All this is true of vaccination and its defence is equally true in justification of humanely regulated vivisection's practice essential to the progress of the science that pertain to the good of the human race.

Homeopathic physicians all over the country are preparing to flock to New York City next May to participate in the semi-centennial exercises of the New York Homeopathic Medical College.

SELECTED ARTICLE

REGIONAL ANESTHESIA, WITH REPORT OF SEVERAL CASES.*

CARROLL W. ALLEN, M. D.

NEW ORLEANS.

Those who resort often to the use of local and regional anesthesia in major operations are impressed with the facility and ease with which suitable operations can be performed under a proper use and distribution of the anesthetic solution. Of late years the more improved methods of administering general anesthesia, particularly ether, by the open method, have tended to check the use of local anesthetics, especially ; is this so in large hospitals or clinics where time is an element. However, a certain percentage of cases are easily and much more safely operated by this method than by general anesthesia.

Some operators prefer local anesthesia for all suitable cases. Kocher almost invariably uses it for removal of the thyroid gland and some general surgeons in this country attract large numbers of patients by operating by this method.

The fear of general anesthesia entertained by many people, especially if they had one experience and suffered much from post-operative nausea, will often deter them from subsequent operative treatment, unless imperative. To this group we can add the nephritic, pronounced alcoholic and diabetic, the extremely feeble and senile patient, and those with severe cardiac lesions, which render them unsafe risks for a general anesthesia, or even spinal anesthesia.

This class of patients can be easily and comparatively safely operated upon for many surgical conditions by local anesthesia, with practically no discomfort to themselves.

The range of operative possibilities include amputations and all operations on the extremities and superficially situated parts of the body, thoracotomies, hepatotomies, cystotomies, herniotomies, many perineal, rectal and vaginal operations, removal of goitres and all superficial dissections, and, to a limted extent, exploratory laparotomies and simply, quickly executed work in the abdominal cavity; in uninflamed conditions only the parietal peritoneum is sensitive, but shock without pain is produced by prolonged handling of the viscera.

Before entering upon a discussion of the different operations and anesthetics, it may

* Read before Orleans Parish Medical Society, August 33, 1909. Reprinted from the N. O. Med. and Surg. Journal, December, 1909.

be well to consider the subject in a general way.

The disadvantags of local anesthesia in any major operation are:

The increased length of time required, which will always operate against its popularity by very busy men in large clinics. However, a better familiarity with methods of infiltration and proper instruments for the process will greatly reduce this time.

The additional trauma suffered by the tissues, due to the infiltration, which in some few cases might favor infection and interfere in obtaining union by first intention, must be taken into consideration in operating upon patients in greatly reduced states or upon tissues of low vitality. And it is obviously unsatisfactory in very nervous patients and children.

The distinct advantages in addition to those of safety already mentioned are:

It is unnecessary to starve the patient beforehand. The alimentary canal should be well emptied by a suitable cathartic and a light nutritious meal given at the regular meal-time preceding the operation. All patients stand local anesthetics better when fed beforehand and it is a distinct advantage in preventing weakness or shock in debilitated subjects.

There is no post-anesthetic disturbance to the alimentary canal, which is often so trying to both patient and physician, such as the vomiting and straining accompanying the act, causing both pain and frequently, when severe or prolonged, jeopardizing the results of the work, when this has been about the face, mouth or abdominal walls.

The possibility of dilatation of the stomach, intestinal paresis or tympanites is eliminated.

The regular post-operative nourishment is not interfered with; this is of great importance in weakened individuals and permits a more rapid recovery and convalescence from the operative procedure. Many weakened subjects may survive the operation, but die from exhaustion due to interruption of nutrition, as the result of a disturbed alimentary canal.

The pain in the back so many suffer from, after prolonged general anesthesia, due to complete relaxation of all ligamentous supports to the vertebral column, permitting sagging of the lumbar curve, with necessary strain, is avoided.

The general preparation of the patient for any extensive procedure should include a preliminary injection of morphine, about 1-6 gr., to which scopolamin 1-150 gr. can be added, if desired and given about one hour before the time for operation. This is sufficient to forestall any restlessness, nervousness or anxiety on the part of the patient and produces a feeling of comfort which increases confidence.

As to the anesthetic to be used, much can be said. Of late years many anesthetics have been added to our armamentarium, giving us agents less dangerous than cocain and possessing other advantages.

Considering a few of the most important:

Commencing with cocain as a standard for comparison, it may be said that ¾ gr. is the maximum dose that can with safety be absorbed at one time. This, however, is influenced by several factors, the rate of absorption and concentration of the solution being of primary importance. Fatal results have followed the instillation into the eye of 10 minims of a 4 per cent solution, while many times this quantity can be used in the tissues in dilute solution and when slowly absorbed.

Eucain-B. This is from 1-2 to 1-3 as toxic as cocain, but slightly less effective in its anesthetic properties. To obtain the same effect as with cocain, the solution must be about 25 per cent stronger.

Other agents are alpyin, stovain, tropococain and novocain, all slightly less effective in equal quantities than cocain, occupying in this respect about the same position eucain does and ranging in toxicity from two to six times less, novocain being the least toxic. Their rapidity and duration of action vary somewhat as compared to cocain, being at times apparently slightly slower in action and shorter duration, except with novocain, which maintains anesthesia decidedly longer.

Their action upon the tissues is somewhat different. Cocain produces an ischemia, the other agents either producing no effect upon the capillaries at all or producing an hyperemia. This, however, is not of consequence and is overcome by the use of adrenalin. Their solubility is slightly less than cocain. Eucain is the least soluble, 3½ per cent. For the purposes of sterilization, all stand heating better than cocain. As to the method of using these agents, the Schleich and Braun solutions of cocain and eucain have in my hands filled every need and I have not used the other agents except in an experimental way.

Schleich No. 1 is 1-5 of 1 per cent cocain.
" " 2 " 1-10 " " "
" " 3 " 1-100 " " "

Each solution contains 1-40 of 1 per cent

morphin and 1-5 of 1 per cent sodium chloride.

Braun solution is .2 per cent eucain B and .8 per cent sodium chloride.

These agents, when used in these minute solutions, while effective as anesthetics, are not likely to prove toxic; when acting as anesthetics, they have been fixed by the tissues and this part so fixed cannot produce toxic symptoms nor can it be recovered from the tissues, as cocain; nor is it excreted as such. If toxic symptoms arise it is due to an excess having been used, the longer it is retained in the tissues, the more will it be fixed. This is true of all poisonous agents, strychnin, atropin, morphin, snake venom, etc., by retarding absorption; through the use of constrictors or other means the toxicity is greatly lessened and local effects prolonged or intensified. We make a practical application of this fact by the use of adrenalin added to our anesthetic solution, but as this agent is not free from danger, it must be used cautiously, not more than 10 to 15 minims of a 1 to 1,000 solution added to the total amount of the anesthetic solution to be used.

In addition to its hemostatic effects, rendering ischemic the field it intensifies the effect of any given quantity of the anesthetic used probably as a result of the ischemia it produces, as well as prolonging the contact of the drug with the tissues. And this retaining of the anesthetic solution in the tissues longer naturally relieves the need of repeated injections, thus lessening the need of additional quantities, with possible toxic action and avoiding the effect of this additional trauma in prolonging operations.

As to the amount of anesthetic solution that can be safely used this way and the danger of possible toxic effects, I may say that in over 100 major operations performed with these agents, I have never seen any toxic effect and have frequently used from 6 to 8 oz. of Schleich No. 1. This represents about one grain of cocain to the ounce. It must also be remembered that much of this quantity escapes from the tissues through the incisions that are made.

A brief review of some of the operations are:

Exophthalmic Goitre.—Trahan, aged 26. Entered Ward 9 July 26, 1908. Trouble of two years' duration. Markedly emaciated and weak. Prominent staring eyes, with a pulsating tumor as large as the fist in the thyroid region. Heart enormously dilated, weak, rapid and irregular, with murmurs over the entire chest. Respiration rapid and irregular. Pulse very irregular and weak, varied from 98 to 140. Temperature from 99 to 101 F. The right lobe and isthmus were removed, the left lobe being but slightly affected, was not disturbed. Anesthesia was perfect. The patient conversed with us during the procedure and rendered assistance by turning his head in different positions. He winced one or twice when we pulled on the trachea in lifting the gland from its bed,. He left the table in good condition, apparently not affected by the operation. His progress for a few days was much disturbed by a weak and rapid heart, but he finally made a good recovery and left the hospital August 20. He wrote me later that he was entirely well, but has since died of pneumonia.

These cases are peculiarly suited to local anesthesia and I doubt if this particular one could have stood the operation with a general anesthetic.

Herniotomies.—I have done a great many herniotomies, inguinal, femoral and umbilical, by local anesthesia and consider hernia, of all the major operations, one of the easiest by this method. Regarding the technic, I will have something to say on another occasion, as time prevents a lengthy discussion now, but will report three complicated cases.

Pear, aged 64. Left inguinal hernia of 34 years' duration, extending to near the knee. Operated August 27, 1908. Sac found to contain much omentum and intestines. The omentum was resected. This operation was successfully completed, with no discomfort to the patient. I have recently seen him and he has remained well.

Flood, aged 78. While in Ward 9 last summer, convalescing from the removal of a cancerous growth of the face, had an old inguinal hernia of 15 years' duration to become incarcerated and resisted all our efforts at reduction. He was suffering much pain and was operated at once by local anesthesia. He has remained well from the hernia, but is back in the hospital again with a broken leg.

Mrs. Dr., aged 50. Operated at Touro, November 6, 1908, for femoral hernia of the bladder. The bladder was resected before reduction was accomplished. Anestheisa perfect.

The next case is rather unusual and one of the most interesting upon which I have ever operated, and, owing to the rare combination of conditions found, I would like to put it upon record at this time.

H. was admitted to Ward 69. Had been suffering from dysentery for several weeks, having frequent bloody stools, in which the

amebae had been found. Medical treatment checked, but did not stop the bloody evacuations. He shortly developed pain and swelling over the region of the liver; aspiration found pus, which again showed the amebae. He was prepared for operation and the liver again aspirated. No pus was located, but instead a large quantity of clear fluid withdrawn from the pleural cavity; as the patient was very weak, the chest was not opened, as I did not think thoracotomy justified for a serous accumulation, but instead formalin and glycerin were injected. He continued to do badly, so on August 9, 1909, under local anesthesia, the eighth rib was resected and a large pleural effusion evacuated; the fluid was now of a sero-sanguineous character. I felt this was not sufficient to account for the marked sepsis and diffusion, as well as the physical signs we had obtained on examination, so explored further, enlarging the opening in the chest wall for inspection. The lung was seen bound down to the diaphragm in the middle line, some distance from the chest wall and looked and felt boggy. An aspirator was passed into it a short distrance and withdrew a thick, white creamy pus. A free incision was then made, opening an enormous pus cavity, which must have contained several pints and extended in toward the median line about 8 inches. Through this opening in the lung I explored the region of the diaphragm. At one point it felt distinctly fluctuating and with my finger I broke through the diaphragm, opening a small pocket of pus of a chocolate color. It was of small size and at a rather inacessible point, which explained our missing it the second time with the aspirator. We thus had in this case three distinct cavities, each yielding a different kind and color of pus. The openings into the several cavities were all enlarged and made to drain through the common opening in the chest wall by large sized drainage tubes. The operation was entirely without pain. The different specimens of pus were separately collected and examined and found to contain an organism resembling the Shiga bacillus, but no amebae. It is possible he was suffering from a double infection. The only way I can account for this pecular abscess combination is that the liver abscess upturned into the lung and when relieved of its tension the opening closed. The pleural effusion was probably a secondary phenomena, as a result of the nearby inflammation. The patient rallied considerably after the relief from the pus accumulations, but died several days later, the bloody discharge from the bowels having continued.

Talma operation for cirrhosis of the liver. This I have done twice in the last few months, slightly modifying the procedure. Both cases were unfavorable subjects, jaundiced and very weak, besides having other complications. Very little was promised by the procedure, but as it could be painlessly done and involved little risk, it was decided to give them the benefit of any chance they might have. The abdomen was opened on each side of the umbilicus and the cavity explored. The liver in each case was very small, greyish-white, nodular and of wood-like hardness, a large vascular part of the omentum was drawn out of each opening and fixed to the parietal peritoneum, the protruding end was then tucked all around the opening into pockets made in the recti muscles, in close proximity to the lower branches of the mammary artery and vein. This procedure was quickly excuted and entirely painless. I would like to thank Drs. Gelbke and Gillaspie for the opportunty of operation on these cases and their assistance at the time.

I could continue this recital of cases indefinitely, but the above cases are sufficient to illustrate the possibilities of local anesthesia in selected cases of majory surgery.

St. Petersburg Free from Cholera.—A dispatch from St. Petersburg says that the epidemic of cholera for this season is officially regarded as closed, the last cholera patient having been discharged as cured from the city hospitals. Since the outbreak of the epidemic in August, 1908, there have been 16,594 cases and 6,666 deaths, of which 7,631 cases and 2,680 deaths occurred during the year just closed.

Scientific Work on Plague.—Since the establishment of the Plague Laboratory in San Francisco by the United States Public Health and Marine Hospital Service an enormous number of rodents have been examined and other routine duties performed. The officers attached to the laboratory have also found time for original investigations which reflect great credit on themselves and their corps. This work is of much practical importance, and it should be a source of pride to the physicians of the State and Nation that a pestilence, which threatened to annihilate its citizens, should have been harnessed and turned to such excellent service.

THE MEDICAL FORTNIGHTLY

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EDITORIAL

Figures Which Must Lie.

The recent meeting of the American Anti-Vivisection Society, which was held in Philadelphia, must have been well worth attending. Press reports tell of great enthusiasm and impressive addresses. Among the speakers was Stephen Coleridge from England, who boasts connection with the nobility, and being an indirect descendant of no less a person than the famous poet Coleridge. This man Coleridge came cocked and primed with statistics to show that the whole trend of modern medicine is to the bad; that vaccination is an evil, that diphtheria antitoxin had increased the danger and mortality of diphtheria, and that the various animal serums have been of little use to the medical profession. And he produces figures which seem to prove it all! Granting that his figures may be accurate they certainly must give a very incomplete view and have been selected with an aim to conceal the real facts. And he gives no recognition to the greater precision in diagnosis which has been made from year to year, and shows in a decided manner in the reports, as scheduled by decades. This latter shows in his remarks on cancer. It is only recently that cancer statistics have been systematically gathered. He says:

"Despite their experiments cancer is increasing in England. Take for example the last three decades only. During the first the mortality from cancer was 632 per million; in the second, 712, and during the last ten years, 864. Contrast this with a disease for which no serums are used or experimented for, bronchitis. At the beginning of the last period which has been taken for the compilation of statistics, there were 3216 cases per million, while during the past ten years the number was reduced to 1227. The mortality from meningitis has been reduced from 316 per million to 194, and scarlet fever from 241 to 126."

We feel certain (granting the accuracy of the figures) that the only explanation of the apparent increase in cancer lies in the fact that these cases are now accurately diagnosed and systematically reported, we feel it a certainty that had there been such system the third decade ago the proportion of cancer to the million would have been much higher than now. The reduction in the mortality from the other diseases mentioned is gratifying, it shows that the medical profession is not wedded to one single idea, but he is much mistaken if he beileves that serums played no part in the reduction.

Another speaker was Dr. Joseph D. Harrigan, of New York, and a graduate of Bellevue. We will not quote from his address, it was quite as intemperate and misleading, judged from the facts as we know them, as was any other on the program, and we wonder how it happened. Fortunately for the Middle West, we are hearing little of this organization out here; it will doubtless come in time. We are glad to let it remain where it is appreciated. But we have no fear that it will ever retard the progress of medical science; it may annoy and stimulate, but it can never retard or destroy. Work on the human cadaver once aroused just such opposition from just such people as make up this society, and we wonder how it happens that this "anti" is not included in their propaganda. But dissection has outlived this opposition, and so will all that is good relative to vivisection and the serums.

That Arch Criminal, "The Drinking Cup."

A crusade against the common drinking cup is sweeping over the land. We have to confess that we have often endured thirst rather than to employ the chained utensil furnished, but we have also to confess that we have experienced thirst so compelling that we would gladly have used anything as a vehicle to get the water to the mouth. We do not know just who is responsible for the drinking cup phobia, but we have been doing some inquiring during the past week relative to it. We have asked several physicians with large practices, some of them specialists and some in general practice, if they had ever met or heard of an authentic case of disease communicated by the

drinking cup. Each response added one to our own experience. Whe never have. We may have esthetic reasons for preferring to use our own particular dish, we have, but the wave of prohibition which is sweeping over the country would lead one to think that each of the 90,000,000 Americans carries in his mouth a deadly poison which will be lethal if it reaches his fellow, and that the drinking cup is the favored vehicle of transfer. The laws which are being enacted on this subject remind us forcibly of those which stand on the matter of spitting in public conveyances and on sidewalks, and which are spasmodically enforced for two or three days once in two or three years. It is a fine ordinance and should be enforced at all times, decency demands it. But we have never been able to discover that tubercular sputum is one bit safer when deposited in the street and there dried and scattered to the four winds than it would have been had it been deposited on the sidewalk or elsewhere, yet the law lets people spit in the gutter and the street. There's a lot of foolishness in a lot of these sanitary measures; these are times which call loudly for common sense.

A Misleading Report.

Two years ago the Barnes Medical College, of this city, found itself in the unfortunate position of not being able to meet the equipment requirements laiddown by the the State Board of Health and the students of that year were not received by the board for examination. There was a legal point involved as to whether the board had authority over schools and the matter was taken by the sudents into court. Until recently the courts have upheld the contention of the students, but the State Supreme Court has reversed the decision of the lower courts and the board is upheld. Reports of this decision, as sent out, do the Barnes school a distinct injustice, as they leave the impression that the school is now under the ban of the board, which is contrary to fact. The decision affects only the class of 1908, and we are informed that the men of this class have ceased to be interested, they having registered in other states, or by subsequent study made themsevles pleasing to our board. But the school has met all requirements, and is in good standing with the Missouri State Board, and any impression to the contrary should be corrected.

Dr. Hyde.

We are not at all certain that the Jackson County Medical Society at Kansas City, did not miss an opportunity to show its greatness in its acceptance of the resignation of its president-elect, Dr. B. C. Hyde. The press of the country has Dr. Hyde tried and condemned; they are trying to make him a wholesaler, and are planning inquests on all the friends and relatives of the supposed victim, Col. T. H. Swope, who have died so recently as to still leave remains. We have never met Dr. Hyde, but we are impressed that the public is to experience a change of sentiment toward him presently; we hope so. If he is a villian he is a very crude one, and one who left tracks for all to see. It seems so incredible, that we wonder how the sentiment against him can be so uniform, but the public is fickle and the developments of a day may change it all to laudation; even now the progress of the case has brought out a few points which are causing wavering of judgment where decided condemnation existed before. We hope to see Dr. Hyde cleared; we hope that he is innocent, rather; but in any case we hope that his friends stand by him until his guilt or innocence is made certain.

The New Children's Hospital.

Homeopathy does not seem to be thriving in St. Louis these days. The Homeopathic school here suspended operation some time since, the St. Louis Children's Hospital, which has been for years under Homeopathic control, has lately been placed with the medical faculty of Washington University. We do not mention this with any idea of exultation in the fact; Homeopathy should never have been divorced to be a sparate school, and it would not have been had it had its origin these later days instead of at a time of tremendous therapeutic intolerance.

The hospital will be owned and under the business control of a number of charitable ladies; its staff will be made up from the faculty of the medical department of Washington University. The ladies are perfecting plans for the erection of the fine children's hospital building on a Kingshighway site near the eastern and southern corner of Forest Park, which will be supported by the combined resoruces of the Children's Hospital and the Martha Parsons Free Hospital for Children. Both of the old institutions, the former of which

is located at No. 400 South Jefferson avenue, and the latter at Channing avenue and School street, will be sold as soon as the new structure is completed.

The money to finance the consolidation of the hospitals will be furnished by Mrs. John Fowler of No. 47 Vandeventer place, who gives $25,000 as a memorial to her mother, Mrs. Elizabeth J. Liggett. With the permission of the Circuit Court the identity of the Martha Parsons Hosptal will be preserved in a perpetually endowed ward in the new instituton.

In persistent cases of urticaria, fifteen drops of strophanthus given during the day, has produced a satisfactory cure.

Dr. F. J. Taussig, of St. Louis, has been appointed chairman of the committee appointed by the American Medical Association to revise the section on Obstetrics of the United States Pharmacopeia.

Drs. H. M. Whelpley, L. H. Behrens, and J. C. Falk have been appointed a committee of the St. Louis Medical Society to represent the society at the meetng of the Committee of Pharmacopeial Revision, which is to meet in Washington during the coming June.

Medical Defense in West Virginia.—The report of the West Virginia State Committee of Medical Defense, which deals with damage suits for malpractice, was read and heard with much interest at the last meeting of the Ohio and Little Kanawha Valley Medical Society. Just now physicians are taking a great deal of interest in this subject, as there is a determination to stamp out abuse of the damage provision in the West Virginia statutes.

Foreign Students at the University of Paris.—Foreign students continue to grow more numerous at the university of Paris. Twenty years ago, in 1888-9, the number of foreign students was only 457. Ten years ago, in 1898-99, there were 1,174; in 1909 there were 3,326. The number had doubled in five years, for in 1904-5 there were only 1,633 students. These students come from all parts of the world. There are 150 from England, 107 from the United States, 165 from Egypt, 233 from Roumania, 23 from Germany, 39 from Austria-Hungary, 1,356 from Russia, and some also from the Scandinavian countries, from Bulgaria, from Greece, from Canada, from Mexico, from Argentina, from Brazil, from China and from Japan.

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

THERAPEUTICS

C. W. HEPBURN, M. D.

Creosote Treatment of Pulmonary Tuberculosis. —Dr. Beverley Robinson, who practically introduced the use of the creosote treatment of pulmonary tuberculosis to the profession in the United States, by a paper read before the Association of American Physicians over twenty years ago, and who since then has written and spoken many times on the subject, says, in a paper in Medical Record for Nov. 20, 1909, that he is thoroughly convinced that we have absolutely no medical treatment of pulmonary tuberculosis at all equal to the crosote treatment properly used and insisted upon. In fact, that no other medical treatment up to date has any great value at all, except so far as temporary relief, perhaps, of symptoms is concerned. To his mind it is idle and wrong to be building sanatoria and spending large amounts of money to accomplish very little that is really useful and enduring to even a few sufferers, when we consider the vast number of the afflicted who can never hope to be treated in this way, and the fact that they, the vast majority, must finally be taken care of, as well as may be, in their own homes. By the combined, persistent, intelligent use of beechwood creosote internally and by inhalation, many patients may be saved who otherwise would die. In nearly all cases, no matter what the stage of the disease, much relief to symptoms may be obtained. This treatment is very simple and inexpensive, and interferes with no other rational doing. It greatly supplements that doing. Creosote treatment is of great value as a preventive treatment, when pulmonary tuberculosis is a menace to the individual, either by reason of constitutional tendency, exposure to infection, or both. To judicious rest, when required, fresh air, and proper food, add creosote treatment, with or without lime salts, and there is at present little or nothing in the way of further treatment to insist upon.

The Use and Abuse of Rest in Therapeutics.—Under this title in the Old Dominion Journal of Medicine and Surgery for Nov., 1909, Dr. Richard C. Cabot, discussing the subject of rest in the treatment of disease of the kidneys, says: "Nowhere does the principle of rest find a better application

than in the treatment of acute nephritis with edema, scanty urine and threatening uremia. Here we have all the most reason for resting the kidney because it is often impossible to make the patient retain and absorb any food. We can spare the kidney for a few days and save the patient suffering as well by not nauseating him. But too often we cling to the exploded theory that we can 'wash out' the kidney with water and so inflict upon it the heaviest possible burden—for water is often the hardest of all substances for the kidney to excrete. In chronic nephritis on the other hand it is a case of spare the part and spoil the whole—spare the kidney and spoil all the other organs. We cannot help the kidney by cutting out meat and everything else that the patient likes, but we can under-nourish and so weaken the body as a whole. There is no greater folly than to put a case of chronic nephritis on a milk diet. Again and again patients have come to the author weakened, disgusted and discouraged by a semi-starvation diet with the inevitable Basham's mixture. Again and again he has seen them improve and go home comparatively happy as a result of nothing in the world but full feeding without drugs.

A Case Illustrating the Successful Treatment of Parasyphilis.—One of the strongest evidences against the syphilitic nature of locomotor ataxia and paresis has been the apparent failure of antispecific treatment to benefit them. A case reported in Virginia Medical Semi-Monthly for Nov. 26, 1909, by Dr. Tom A. Williams, demonstrates that this attitude is not justifiable. It will appear from it that sufficiently early diagnosis is an important factor in the successful treatment, and that the method of administration of the remedy plays a large part in its success. Moreover, iodides are relatively inefficient as compared with mercury; for each, when given by the mouth, disorders assimilation, and the latter may be given endermically or by injection with even greater systemic effect than by the mouth. The patient, a farmer, aged 54, first seen Ocotber 30, 1908, denied syphilis. He complained of insomnia, general nervousness and a state of suffering, incapacity and irritability. Examination showed the percursors of general paralysis of the insane, the physical symptoms pointing strongly towards a syphilitic (parasyphilitic) affection of the nervous system. He was advised a regime, and he forthwith began to take one-third of a grain hydrargyri succinimidi every other day. He began to sleep much better, and to be less irritable and nervous. The patient was again seen in the spring. He had performed five months of hard work on his farm, never felt better, but "began to feel nervous again" for some ten days. Another mercurial course as advised—this time grey oil being given every five days. Fifteen injections comprised the course. He quickly responded and worked again during the whole summer. He was again seen in November, 1909, towards the end of the third course of injections. He complained that during the last fifteen days he had been nervous, had slept worse and was losing weight. A complete physical examination revealed no localized invasion of the meninges, central parenchyma, or peripheral nerves. He had, however, undergone very unusual exertion for some weeks, having taken long journeys to replenish his stock of cattle, and the author believes that this was the excuse of his setback, and that a short rest will completely restore him.

The Indication for Veronal in the Morphine Habit.—Dr. William F. Waugh in a contribution to Merck's Archives for Nov., 1909, relates his experience with veronal in two cases of "withdrawal" from the morphine habit which illustrate the point he has observed before that veronol should not be employed, excepting for the symptom of insomnia itself; that is, if there is any obstacle to meet, such as pain or other pathologic conditions, this should be relieved by the appropriate treatment. If sleep does not then come, or is too light or broken to be restful, veronal finds its place. His first trial of this remedy in this condition proved unsatisfactory, but recently another trial has been made, under somewhat different circumstances and with better success. The first application of the remedy was made immediately after the morphine had been withdrawn, when the hyperesthesia was at its height. In the present instance, however, gelseminine was relied upon to soothe the nervous unrest of this period for four days after the final dose of morphine had been given. He then gave the patient veronal, 10 grn. at bed-time. This was followed by seven hours' refreshing sleep, without any unpleasant after-effects. This dose was repeated for three nights, then 5 grn. were given for three nights, and the remedy was not required subsequently. He was very favorably impressed with veronal in this case, and believes it far more valuable than any form of bromide.

On the Use of Mercury Succinimide in Superficial Tuberculous Lesions.—In New

York Medical Journal for Nov. 20, 1909, Dr. R. Hertzberg reviews the history of the "white plague" and the efforts to find a cure. Although tremendous strides have been made towards accomplishing the latter, in recent years, there is yet plenty of room for better results, and necessarily our aim must be the complete mastery of the disease and, finally, its extinction. The report of Surgeon Barton Lisle Wright in April of last year of a hundred or more cases treated successfully with mercury, was received by the profession with open mind, and many are today following his lead. It would be interesting to know what course of reasoning led Dr. Wright to the employment of mercury in this disease. Perhaps he reasoned that if the two diseases, tuberculosis and syphilis, belong pathologically to the same class, namely, infective granulomata, why should not the same remedy apply to both, especially as iodine and its salts have been known to possess, in some instances, almost a specific action on the tuberculous process, as so well exemplified in the use of syrup of ferrous iodide in the cervical adenitis of children. Be that as it may, the fact remains that in mercury we have an agent whose possibilities for good or evil should be ascertained at once, and the author believes it to be our duty to test its action in this disease as our share of the good work in order to as soon as possible get together sufficient evidence to either adopt or reject the treatment. The salt used by Dr. Wright in his series of cases was the succinimide. There is no special virtue in this particular salt only in so far as the hypodermic injections of it are said to be less painful than those of other soluble preparations. Of the three cases of superficial tuberculous lesions reported in this paper by the author, in which remarkable cures followed the use of the succinimide, after all other means had failed, he says that he well realizes that so small a number of cases do not make history but he is convinced by his experience with them that in this condition we have in mercury an agent whose action is almost specific.

Unadulterated Ether Anesthesia.—In a paper in Merck's Archives for October, 1909, Dr. Joseph F. Todd makes a plea for simplicity in ether anesthesia. He disapproves of too much preparation of the patient. So-called emergency cases take the anesthetic as well as those more carefully prepared. Mouth gags, tongue forceps, sponges, etc., are unnecessary. The custom of piercing the tongue with a suture to hold it forward denotes lack of humanity in the surgeon and brains in the anesthetist. The patient is given a hypodermic of atropine and morphine five minutes before commencing with the anesthetic. Then, after he has had sufficient water to allay thirst, with an Allis inhaler and unadulterated ether proceed as follows: The inhaler is placed over the patient's face, and when he is fully convinced that sufficient air is readily admitted throught the meshes of the gauze, the ether is commenced slowly, drop by drop. If a feeling of suffocation, or of coughing is produced, then the ether must be given more slowly or the inhaler removed for a few seconds. The ether is given in gradually increasing quantity, but always drop by drop over the entire upper surface of the gauze, and in just such quantity as is comfortably tolerated by the patient and without any idea of hurrying or crowding. As the patient begins to lose consciousness and control of the voluntary respiratory muscles, the anesthetic is pushed to carry him quickly past what was called the period of excitement—now unknown. The patient is removed to the operating room while the muscles are still rigid, and by the time the operative preparations have been completed, full relaxation has been reached, in about eight minutes of time. Ether is continued from time to time, still in small quantity, and guided entirely by the respiration, for the morphine has obliterated pupillary reaction. Given in the manner stated above, about 100 gm. will be regularly consumed in an hour, the greater number of patients requiring less rather than more. The return to consciousness is rapid, frequently denoted by recognition of the operator before dressings are completed, and in the majority of cases without vomiting—persistent vomiting being unknown—and ether ceasing to be a dread.

GENITO-URINARY.

T. A. HOPKINS, M. D.

The Indications for the Antisyphlitic Treatment of Tabes Dorsalis.—In Pennsylvania Medical Journal for November, 1909, Dr. John H. W. Rhein records the results of an examination of the cerebrospinal meninges in fourteen cases of tabes dorsalis, and the spinal meninges in two additional cases. These sixteen cases all showed more or less round-cell infiltration of the pia. This round-cell infiltration was not typically specific in all cases, however, although only differing in degree from the

round-cell infiltration of specific origin. A typically specific meningitis was found in five cases. In view of the findings in his cases, i.e., the presence of a meningitis in all, with a typically specific meningitis in five, the author believes himself warranted in the conclusion that an antisyphilitic treatment should be tried in all cases of tabes, and that whether or not there is a positive specific history or whether there are other syphilitic symptoms present. While such treatment may not have any direct bearing upon the progress of tabes, it certainly can not but favorably affect the meningitis which in many, if not all, of the cases syphilitic in origin; and if this meningitis is not the cause of the degeneration in the posterior columns as is claimed by some, and which is doubtful, yet it is conceivable that the presence of such a meningitis can not but unfavorably influence the progress of the tabetic process. The treatment should not, however, be prosecuted when cachexia, due to chronic liver, kidney, lung or other diseases, is present, and where the administration of the iodids and mercury increases autoinfections of a gastrointestinal type, or where optic atrophy is an early symptom.

Adult Syphilis of the Lung.—Henry Hubbard Pelton of New York, says (Med. Record, Jan. 22, 1910) that syphilis of the lung resembles tuberculosis or often lung diseases so closely that it is often not diagnosed. There are two types, catarrhal pneumonitis, in which there are in the alveoli a considerable number of large cellular elements; and interstitial pneumonitis, with thickening of the connective tissue framework of the lung, and infiltration of all the tissues. Gummatous tumors may also be developed. Sclerosis of irregular distribution is the usual lesion of lung syphilis. Bronchectatic cavities form containing pus, or with necrotic and gangrenous walls. The Spirocheta pallida is rarely found in acquired lung syphilis. Syphilis and tuberculosis of the lungs when found in the same subject do not affect one another. Diagnosis is almost impossible. When syphilis is engrafted on tuberculosis the latter becomes more severe and rapid. When tuberculosis appears early in spyhilis the course is rapid and prognosis bad. When tuberculosis is engrafted on an old syphilis the slow, afebrile type is developed. Absence of tubercle bacilli in the sputum is a valuable negative point. Syphilis is unilateral, circumscribed, and has no predilection for the apices. The general health is not easily affected, evolution being slow. The presence of syphilitic lesions in other organs is a valuable sign. The author gives the history of a case which extended over about four years.

A Centenarian Physician.—The secretary of the Royal College of Surgeons, of London, reports that Dr. Edgar Jones, who was admitted a member of the college in 1834, has attained the age of 100 years. He began practice in the country, near Bristol, but in a few years went to a small town, Saffron Waldon in Essex, in which county he has resided ever since. He has been a magistrate over fifty years, and until a year or two ago regularly attended the sittings of the bench. He is in excellent health for his years.

The Laymen's Medical Journal.—The Wisconsin Medical Women's Association has decided to issue a monthly publication, to be known as The Laymen's Medical Journal, for the purpose of edcuating the public in preventive medicine and hygiene. Dr. Julia Riddle, of Oshkosh, is editor-in-chief, and the following physicians are associated with her as collaborators: Anna B. Corr, Juneau; M. Adelne Riddle, Oshkosh; Belle P. Nair, Fort Atkinson; Johanna M. Droppers, Milwaukee, and Evelyn, C. Hoehne, Milwaukee. The editors solicit contributions from all medical women. This is a voluntary effort on the part of the Wisconsin Association, and they have pledged their financial support. They deserve the hearty co-operation of all medical women.

Cold Douches to the Back of the Neck in Rhinitis.—Dr. O. Muck has observed that when cold water is poured (out of a douche for example) on the back of the neck a stopped-up nose will presently become "permeable" to the air (Meunch. Med. Wochschr., 1909, Nr. 29). The blood vessels of the nasal mucous membrane are reflexly contracted. The author therefore employs cold douches to the back of the neck in rhinitis vasmotoria. Also in acute inflammatory swelling of the mucous membrane, especially in coryza, one can by this means remedy the stopped-up condition of the nose, and thus allow for the more rapid escape of the secretions. The author further believes that owing to the proximity of the vasomotor and respiratory centers in the medulla these douches also act beneficially in bronchial asthma, especially of nasal origin.

MEDICAL MISCELLANY

We note that Boehringer & Soehne, through their agents, Merck & Co., have placed on the market diplosal, a new double salt of salicylic acid, whose formula is demontsrated by them as follows: $C_6H_4.OH.COOH + HO.C_6H_4.COOH = C_6H_4.OHCO OC_6H_4.COOH + H_2O$. For the sake of mnemonics, why not call this 'Hooche-Cooche-Sal' or salt?

A Free Circulating Medical Library.—The University of Missouri medical library has been made a free circulating library, open to the physicians of the state. Any reputable physician ot the state may borrow a book from the library for a period of two weeks with an extension of two weeks, the only expense to the borrower being the postage or express charges. A brief catalogue of the number of works in the medical library is soon to be published and will be mailed on application. For information regarding the library, address Mr. H. O. Severance, librarian, or, Dr. Clarence M. Jackson, dean of the University of Missouri, Columbia.

Texas Insane.—Dr. Preston, superintendent of the Austin Insane Asylum, in his report, says: There were remaining August 31, 1908, 701 males and 636 females, total, 1337. The admissions amounted to 173 males and 155 females; total, 328. The whole number treated during the year was 1771. The number discharged was 117, and the number carried on furlough was 222, and the number of deaths was 128. The number remaining August 31, 1909, was 1391, an increase over the previous year of 54. This is only one of Texas' asylums. There are two others, one at Terrell and one at San Antonio, besides the epileptic colony at Abilene.

A New Surgeon-General of the Navy.—President Taft on February 4, 1910, nominated Surgeon Charles F. Stokes to be Surgeon-General of the Navy, with rank of rear admiral, to succeed Presley M. Rixey. Dr. Stokes is a native of New York and is 47 years old. He is a graduate of the College of Physicians and Surgeons in New York. He entered the navy as assistant surgeon on February 1, 1889. He was promoted to the grade of passed assistant surgeon on February 1, 1892. He has had the rank of surgeon since May 31, 1900. During the Spanish war he served on the hospital ship Solace, which was attached to the Atlantic fleet. He also commanded the hospital ship Relief from January 15 to December 1, 1908, while that vessel was attached to the Atlantic fleet. He is now on duty at the Naval Medical School Hospital in Washington. He stands tenth on the list of surgeons, and jumps above about forty others who are senior to him.

St. Louis Medical Society Conditions Confirm My Position Regarding a Certain Phase of A. M. A. Politics.—(By G. Frank Lydston, M.D.)—According to Dr. W. B. Dorsett, of St. Louis, the St. Louis Medical Society, a constituent body of the American Medical Association, has 716 members. Only 421, however, are members of the A. M.A. As the voting unit of the A.M.A. is the member of the local constituent societies, the members of which are all entitled to vote for state delegates, who in turn vote for National delegates—who run the business and politics of the A.M.A.—it will be noted that in the St. Louis Society alone 295 men who are not legally qualified to do so are voting in the A.M.A. It is further a matter of record that the vote of the St. Louis Society at its last annual election was approximately 400, which elected state delegates. It is not at all an improbable supposition that the 295 who are not connected with the A. M. A. voted and that would mean but 105 bona fide members of the American Assocation expressed their desire. St. Louis seems to presènt quite a fund of argument against the illogical, absurd and unfair plan of organization.

The Deaf Child and the Physician.—J. D. Wright, New York City (Jour. A. M. A., Dec. 25), says that we have to deal with three classes of deaf children: (1) those totally deaf from birith or early infancy. (2) those rendered deaf by accident or disease after speech and some language had been acquired, (3) those partially deaf but with enough hearing to acquire some speech and, language through shouting near the ear. The first class must be taught without the aid of the ear. The other two classes must have their speech preserved and improved by careful instruction, and all three must be educated to understand the speech of others by the eye alone or by the eye and ear. A child possessing normal speech even up to eight years of age will lose that speech and become a deaf-mute if hearing is lost and careful attention is not at once given to preserve it. The physician should therefore urge the parents to give the matter their immediate attention, as many doctors have observed that lost hearing may be unrecognized even by the parents. The child should be placed under special

trained instruction at not later than six years of age, if well-developed and strong, it is better to begin at four and a half or five. The deaf child which has not acquired language at the age of twelve has a bitter and discouraging struggle ahead of it. There is still difference of opnion as to the advisability of the oral or manual methods, but Wright believes that as good instruction can be given by purely oral means as by the other and it is now used in the majority of cases. He calls attention to several points: "1. The education of the deaf is not a charity any more than the education of your own sons and daughters. 2. All education, and especially the education of the deaf, should be wholly and forever divorced from politics. In too many instances the guidance of institutions for the deaf is entrusted to men of political rather than educational efficiency, and changes in control are made not for the purpose of bettering the school, but for purely political reasons. This is outrageous cruelty to the helpless and dependent child, who innocently suffers for the pride or purse of the politician. 3. The great body of deaf children are bright and normal mentally, and it is unjust to compel the state institutions to include the few abnormal and feeble-minded among the bright so simply because they are deaf. The feeble-minded deaf should be segregated and taught in schools by themselves as are the hearing feeble-minded. 4. The physician should lend his intelligent aid in placing the deaf child in the school best adapted to his needs."

Anaphylaxis—(Abstract of paper read before the Jackson Co. (Kansas City) Society, Tuesday evening, Feb. 11, by Prof. M. A. Barber, Medical Department, University of Kansas.)—Anaphylaxis (the reverse of prophylaxis) is a condition of hypersensitiveness to certain albuminous substances induced by a preliminary dose of the same substance. Between the first or sensitizing dose, and the second or toxic dose, must intervene an incubation, or preanaphylactc, period. As a sensitizing dose almost any albumen will do, and nearly every mammal tested has proved to be susceptible of anaphylaxis. Most of the experiments have been made with normal sera, though white of egg, milk, and plant extracts, including bacterial extracts, have been found to sensitize. Doses of 0.001 to 0.04 ccm. of horse serum have been commonly used in the sensitization of guinea pigs, though much smaller doses have proved in some cases to be effective. The toxic dose, if given subcutaneously or intraperitoneally, must be relatively large; but, given intravenously or subdurally, very small quantities will suffice. The incubation period is usually about ten days, and hypersensitiveness once induced, has been known to last for years and probably persists indefinitely. The toxic dose, which must be of the same substance as that used in sensitizing, will induce in a hypersensitive animal marked symptoms characteristic of disturbance of the central nervous centers. The animal often dies in convulsions within a few minutes after receiving the toxic dose. Animals which survive the toxic dose acquire, within a few hours after recovery, an immunity to subsequent toxic doses. There action is specific; that is, if egg albumen is used in the sensitizing dose egg albumen alone will induce the toxic symptoms; if serum is used, serum of the same animal as that furnishing the sensitizing dose alone will intoxicate. Anaphylaxis may be passively transferred to a normal animal of the same or other species by inoculating the serum of a sensitized animal, and hypersensitiveness will develop in the second animal within one or two days. Passive anaphylaxis may pass from a sensitized mother to unborn young. It has been proposed to use the principle of passive anaphyiaxis in the diagnosis of certain chronic diseases on the supposition that a sensitizing substance is present in the blood of persons suffering from these diseases. An injection of this blood or serum may induce in guinea pigs anaphylaxis, the nature of which is shown by subsequent injection of the appropriate antigen. There seems to be some parallel between the phenomena of anaphylaixs and the course of some infectious diseases, and a further study of hypersensitiveness may throw light on the development of susceptibility and immunity. Hypersensitiveness is observed in some persons following a second dose of antitoxic or other serum, due to the serum itself, not to the antitoxing contained in it. This is chiefly observed in the increased proportion of patients who develop serum sickness, in the shortening or the elimination of the incubation period of this sickness and in an exacerbation of its symptoms. The danger following a second dose, though it exists, is not sufficient to contraindicate the use of serum where there is a decided need for it. The danger in the second dose is diminished by avoiding the intravenous method of inoculation, by avoiding serums fresh from the animal, and by the use of antitoxins of high potency, where the proportion of serum to antitoxic units is small.

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MISCELLANY

Was Dr. Cook Self-Deluded?—Whether or not Dr. Cook ever reached the North Pole, a question upon which the civilized world has had honest difference of opinion from the time of the announcement of his claim, there can, it seems, be no final difference on the question of the genuineness of the explorer's own belief that he had been there. Every competent observer who met him personally has maintained that he is quite incapable, morally or intellectually, of concocfing a colossal scheme to hocus the entire world. Throughout the whole affair there is no evidence of any plan to impose on the credulity of mankind. It seems probable that Dr. Cook actually attained a very high Northern latitude, perhaps came within a shorter distance of the North Pole than he will ever be credited for. It is sincerely regretted that he did not, upon his return to civilization, frankly state his actual achievement. This was probably in itself noteworthy enough to entitle him to honor and financial return, sufficient, perhaps, to compensate him for the privations he underwent. It may be that his lonely imprisonment during the six months' Arctic night after his return from his farthest North affected his memory and judgment. Throughout the whole discussion the attitude and conduct of the University of Copenhagen and the Danish people have been worthy of sincere respect and admiration. They accepted with dignified enthusiasm and at its face value the claim of an American explorer against whose record they had no suspicion. All through the trying period of discussion, so often bitter and unfair, they maintained the dignified reserve that properly characterizes all sincere and honest folks while awaiting a decision. But when the necessary evidence was not produced they did not permit their desire or their preceding action to prevent a decision in strict accord with scientific truth.—From "The Progress of the World," in the American Review of Reviews for February.

Prices Higher Than in Time of War.—Ten years ago when the price of staples began to move up a cent and 2 cents a pound it was felt, but not as burdensome. There was no outcry; but now that the increase in the simplest articles for mere subsistence is marked not by cents and fractions of a cent, but by 25 and 50 and 100 and, in the case of lard, actually 200 per cent., this business of the increased cost of living falls on the average wage-earner, especially the office wage-earner who has no labor union to send his market value up,—falls with the heavy hand of a tax collector in time of war, or tribute levied by a conqueror. As a matter of fact, with with the exception of two or three staples like cotton and wheat, prices are higher today in America than they have ever been in time of war. Never has the country been so prosperous. Never has there been vaster abundance of all the staples supplying human subsistence; yet never in the history of America have all the staples of living gone to such a level of extortionate prices. Take cotton, for example; within the last year it has reached and remained at prices (15 cents) almost twice as high as the average for the past ten years and three times as high as in 1899; but that,—you say,—is the result of an especially short crop and of a "bull" movement. (The bull will tell you in addi-

tion to the short crop is the factor of the pagan taking to other garments than those in which he was born,—in a word, the all-pervasive factor of more users than producers.) Very well! Take wool! The Conservationists will tell you that sheep have decreased, owing to the depletion of the grazing ranges; but the fact remains for the man who pays the bills that wool suits for boys, which cost $10 in January, 1909, cost $12.50 in January, 1910; that $12 suits have moved up to $15 in the past year; that $20 serge suits of a year ago are to-day $25. To carpets have been added in the past year what amounts to $1 a rug for the average sized room. Women's dress goods made from wool show an increase of 12½ per cent. in the past year. These figures are from the Clothiers' Association of America. The householder, the man whose income has not increased as prices for the privilege of being alive increased, begins to feel as if an invisible hand were acquiring the trick of constantly picking his pocket.—From "The Housekeeper and the Rising Cost of Living," by Agnes C. Laut, in the American Review of Reviews for February.

What Is Needed In Our Public Schools.—I do not believe that it will be possible to expect vast improvement in our schools so long as the practice of cooping up restless children in school for five of six hours a day, compelling them to remain silent and quiet while fixing their attention on their books, is continued. The average man or woman would not do this; why should children be compelled or expected to do so? There is a tremendous amount of physical energy in a child, aud it needs an outlet. Of course this means that classes must be smaller, but that must come in any event. It also means that we must inject into education, aside from those things which make for mere mental discipline, the elements of interest and profit. If the boy is learning something that is to be of practical use to him hereafter—I mean something which he can readily see is to be of immediate advantage—he will take more interest in his studies. In a few instances the girls now have sewing and cooking schools. They ought—every one of them—to have a thorough training in domestic economy. The crying defect of this age is that the average girl will learn only a smattering of the manifold and complicated details of housekeeping. She expects to marry a man who will be able to "hire a girl." Domestic servants now get wages which average—all things included—more than the average mechanic, and they are not, as a rule, well trained, but are wasteful and extravagant. The wife leaves most of the household management to the servants, not only because it is easier to do so, but because she does not know how to do anything else. It is like taking a track-layer and, without any preliminary training, making him superintendent of a railroad. The girls need to be trained to become better wives and mothers. At present they get in many instances almost no training, save some of a kind which is worse than none at all. Take the city of Philadelphia, with its great army of mechanics: how many of them have received in school or out of it a proper training in anything but the use of a few tools? The reason they can do nothing else, or cannot rise above mediocrity, is because their education in school was limited to academic study of the most elementary kind, which did not fit them to think ontside of a certain groove. Most of them left books at an early age to learn a trade in the ruthless school of experience. Those men ought to have been trained as mechanics in the schools along with their books in order that they might have emerged at eighteen or twenty as good workmen, men who were so trained that they need not spend their lives over a single lathe, or work for years making a single part of a machine which as a whole they have never beheld. Our education has been entirely too much on paper, too much a matter of theory, and not one derived from experience. —From "What is Wrong with Our Public Schools," by Joseph M. Roger, s in February Lippincott's

Differentiai Diagnosis of Measles and Scarlet Fever.—The chief aids in differentiation are, in measles, the longer period of incubation, the three-day prodromal stage, the coarse, blotchy rash, the dark-red pharynx, the but slightly enlarged glands, the dry hacking cough; and, in scarlet fever, the short incubation period, the appearance of the rash after one day's illness, the fine scarlet rash, the decidedly sore and bright-red throat, the noticeably enlarged glands, and the absence of marked cough. One symptom that I have come to consider almost certain in scarlet fever is initial vomiting. This seldom occurs with measles. The diagnosis of rubella or German measles is usually easy because of the prompt appearance of the rash and the mild constitutional disturbance. The rash following the administration of quinine, antipyrine, and other drugs might possibly be confusing should the child be suffering from a severe cold.—Dr. Carroll Chase, Merck's Archiv.

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SOCIETY PROCEEDINGS

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

The spring meeting of this society, to be held in Omaha, March 17 and 18, promises to be an event of unusual interest to the practitioners of the West. The secretary is at work upon the program, and from present indications, it will prove very entertaining. The Oration in Surgery will be by Dr. Leonard Freeman, president of the Colorado State Medical Society, on "Local Anesthesia." The Oration in Medicine, by Dr. Frank Parsons Norbury, superintendent of the Kankakee Insane Hospital, and president of the Mississippi Valley Medical Association, subject "The Physical Basis of Mental Disease." Dr. Edward Evans, president of the Wisconsin State Medical Society, will read a paper on "The Neglect of the Sacro-iliac Joint by the General Practitioner." Other papers as follows:

Cystic Degeneration of the Ovaries, J. H. Talboy.

Theories of Shock, Robert R. Hollister.

The Diagnosis of General Paralysis, Thomas Coe Little.

The Rapid and Complete Cure of Gonorrhea, Thomas M. Paul.

The Non-Surgical Treatment of Tuberculous Arthritis, H. Winnett Orr.

Unsolved Post-Operative Problems, F. E. Coulter.

The Relation of Psycho-Therapy to the General Practice of Medicine and Surgery, Henry S. Munro.

The Errors of Mind Healing, R. Willman.

Report of the Sixteenth International Medical Congress, Buda Pesth, W. O. Henry.

Rheumatism in Children; Its Serious Nature, H. W. McClanahan.

The Value of the X-Ray in Diagnosis of the Alimentary Tract, Edward H. Skinner.

The Treatment of Angiomata and Naevi, John Prentiss Lord.

Should the Operation for Ruptured Tubal Pregnancy be Immediate or Deferred? Personal Experiences and Deductions, J. E. Summers.

Reasons Why the Indifference of the Profession to Morphinism Should be Changed, S. Grover Burnett.

Title not announced, C. R. Woodson.

Increasing Mortality in the United States, from Heart, Brain and Kidney Lesions, W. F. Milroy.

Use of Anti-tetanic Serum, with report of cases, F. B. Dorsey.

Certain Facts in Ophthalmology of Practical Importance to the General Practitioner, John Monroe Banister.

The arrangements are in the hands of a capable committee appointed by the Omaha-Douglas Co. Medical Society, of which Dr. Jno. E. Summers is chairman. Headquarters at Hotel Rome, where rooms should be engaged in advance. We would advise our readers to take two days off, attend this meeting, and absorb the spirit of brotherly wisdom and fraternal love, which always permeate the atmosphere at these meetings.

If interested, send for a program; ready March 1st.

Chas. Wood Fassett, M. D., St. Joseph, Mo.

All organs have stops—with the exception of feminine organs of speech.

Lot's wife probably turned around to see what another woman had on.

Many a man who tries to pose as a lion wouldn't even make a good rabbit.

It takes more than a decollete gown to cover the average woman with confusion.